



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Drinking Water Program

Total Organic Carbon (TOC) Report

A. PWS Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility - Please refer to your DEP Water Quality Sampling Schedule to help complete this section

PWS ID # _____		City/Town _____			
PWS Name _____		PWS Class: <input type="checkbox"/> COM <input type="checkbox"/> NTNC			
Raw:	DEP Source Code/Location ID _____	Sample Location _____	Date _____	Time ¹ _____	Collected by _____
Treated:	DEP Source Code/Location ID _____	Sample Location _____	Date _____	Time ¹ _____	Collected by _____
Notes _____					

¹ Time between collection of raw and treated water must not exceed the time it takes the water to move through the plant.

B. Laboratory Analytical Information

Analyzed by _____	Lab Certification # _____
Subcontracted: <input type="checkbox"/> _____	Subcontractor Laboratory Name _____
	Sub. Certification # _____
Notes _____	

² Raw water alkalinity must be measured at the same time as the raw water TOC sample is collected.

	Raw Water TOC	Alkalinity (Raw Water) ²	Treated Water TOC
Result mg/L	_____	_____	_____
Analytical Method	_____	_____	_____
Detection Limit mg/L	_____	_____	_____
Date Analyzed	_____	_____	_____
Lab Sample ID#	_____	_____	_____

Attention: Mail **TWO** copies of this report to your DEP Regional Office within 30 days of receipt of result and no later than 10 days after the end of the reporting period.

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Primary Certified Operator or Laboratory Director

Date

NOTE: PWSs that use Surface Water or Ground Water Under the Direct Influence of Surface Water that are seeking or are approved for reduced TTHM/HAA5 sampling must measure raw water TOC and report these results to DEP. These PWSs must maintain an annual average source water TOC level 4.0 mg/L (calculated quarterly).

For DEP Use Only -
Please initial and
date as completed:

Accepted:

Comments:

Disapproved:

Data entered into WQTS: